


Entered - 08/28/00 - sb
CL - 00L0504

CLAIM OF: Rosie Mae Jacobs
1642 Mary George Avenue, NW
Atlanta, Georgia 30318

00- *R*-1602

For property damages alleged to have been sustained as a result of
a sewer back up on December 6, 1999 at 1642 Mary George
Avenue, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0504

Date: September 26, 2000

Claimant /Victim ROSIE MAE JACOBS
BY: (Atty) (Ins. Co.) _____
Address: 1642 Mary George Avenue, NW, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ 2,500.00 Bodily Injury \$ _____
Date of Notice: 8/1/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 12/6/99 Place: 1642 Mary George Avenue, NW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained damages to her home from a sewer back up. However, the claimant erred in providing the actual date of the event. An investigation determined that claimant's most recent back up occurred on December 6, 1999. In light of the foregoing, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim.

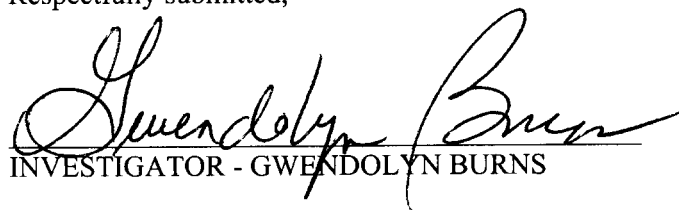
INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

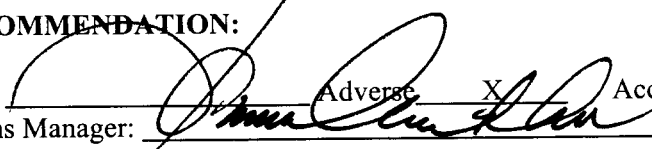
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-28-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

AUG - 1 2000

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,500.00 and/or \$ 2,500.00 bodily injury for which I contend the City is liable.

1. Date of incident: 02/14/2000 (month/day/year) 2. Time of incident: 6: AM 3. Police called: Yes No

4. Location of incident (including street address): 1642 Mary Georgia Ave. N.W.

5. Name of your insurance company: Reliance Insurance Co. Policy No. 0

6. State what and how incident occurred: All Damage is Inside of the house
City pipes from the street backed-up the
waste into the house every where, All the
Carpet had to come-up on the floor, and some
of the furniture had to be replace now.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 0 (Make) 0 (Year) 0 (Tag Number) 0 (Driver's Name)
City vehicle: 0 (Make) 0 (City Driver's Name) 0 (Department/Bureau)
9. Witness: 0 (Name) 0 (Address) 0 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Rosie Mae Jacobs
Signature of Claimant

Rosie Mae Jacobs
(Print Claimant's Name)
1642 Mary Georgia Ave N.W.
(Address)
Atlanta, GA. 30318
(City, State and Zip Code)
0 (404) 794-781
(Work Number) (Home Number)
0

00- -1602